

# TRACKING SHEET - (TABLE VIII)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.

**PRINCIPAL PURPOSE:** To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.

**ROUTINE USES:** Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.

**DISCLOSURE:** Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

**SOLDIER** (Last Name, First Name, MI)

**RANK**

**UNIT**

### TRAINING TABLES

### VALIDATED SKILLS PROFICIENCY

<b>I</b> <b>Trauma</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>II</b> <b>Airway</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>III</b> <b>Intravenous Access/ Medication Administration</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>IV</b> <b>Medical</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>V</b> <b>Triage and Evacuation</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>VI</b> <b>Force Health Protection</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>VII</b> <b>Obstetrics, Gynecology and Pediatric Skills</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>VIII</b> <b>Skills Validation</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
<b>IDENTIFY SKILL SHEETS REQUIRING RETRAINING</b>				
<b>NCOIC/OIC SIGNATURE</b>				

**NOTE:** The Commander will indicate the Soldier can/cannot complete the Training Tasks Requirement e.g., PCS, ETS, etc.